

**EX. 16**

Nov 20th (21st. 4-9) 15 - 20 HRS.

196  
11/4 | 18 min <sup>10</sup>

# **APPLICATION FOR EMPLOYMENT**

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

DATE 10 / 24 / 08

### **PERSONAL INFORMATION**

NAME (LAST NAME FIRST): <b>ROBERT KEEGAN</b>		SOCIAL SECURITY NO.	
PRESENT ADDRESS 201-A CLEMENT HALL UNIV AT BUFFALO		CITY <b>BUFFALO</b>	STATE <b>NY</b>
PERMANENT ADDRESS		CITY	STATE
PHONE NO. <b>(716) 829-4036</b>		REFERRED BY <b>JILLIAN HARRIS</b>	

**EMPLOYMENT DESIRED**

POSITION <u>POSITION AVAILABLE</u>	DATE YOU CAN START <u>ASAP</u>	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL	POLAND CENTRAL	12	YES	
HIGH SCHOOL				
COLLEGE	UNIVERSITY AT BUFFALO	1 1/2		ARCHITECTURE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

#### **FORMER EMPLOYERS**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM Spring 99 TO Fall 99	BSA. CAMP RIBBELL		HIGH ADVENTURE CAMP LIFEGUARD	SEASONAL POSITION
FROM				
TO				
FROM				
TO				
FROM				
TO				

## REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1 JUANN HARRIS	370 PEXTER TERR	ALLIANCE IMAGING PATIENT COORDINATOR	1 1/2
2 ORIN LINDQUIST	WILLOW ST. LOCKPORT		19
3 MARK DOMSER	47 DOVER RD RENSSE NY	DENTIST	14

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.  
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE 10 /24/00

SIGNATURE

**INTERVIEWED BY—**

DATE

**REMARKS**

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
Hired	For Dept.	Position	Will Report
			Salary Wages

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

THIS APPLICATION FOR EMPLOYMENT IS SOLD ONLY FOR GENERAL USE THROUGHOUT THE UNITED STATES. ADAMS ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL, STATE AND/OR FEDERAL LAW MAY BE BASED. IT IS THE USER'S RESPONSIBILITY TO ENSURE THAT THIS FORM'S USE COMPLIES WITH APPLICABLE LAWS, WHICH CHANGE FROM TIME TO TIME.

DEF 0164

# Form W-4 (1998)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1998 expires February 16, 1999.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your

withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances.

**New—Child tax and higher education credits.** For details on adjusting withholding for these and other credits, see Pub. 919, Is My Withholding Correct for 1998?

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Nom wage income.** If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

**Check your withholding.** After your W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-829-3878. Check your telephone directory for the IRS assistance number for further help.

**Sign this form.** Form W-4 is not valid unless you sign it.

## Personal Allowances Worksheet

- A Enter "1" for yourself if no one else can claim you as a dependent
    - You are single and have only one job; or
    - You are married, have only one job, and your spouse does not work; or
    - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
  - B Enter "1" if:
    - You are married, have only one job, and your spouse does not work; or
    - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
  - C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)
  - D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return
  - E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)
  - F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit
  - G New—Child Tax Credit:
    - If your total income will be between \$16,500 and \$47,000 (\$21,000 and \$60,000 if married), enter "1" for each eligible child.
    - If your total income will be between \$47,000 and \$80,000 (\$60,000 and \$115,000 if married), enter "1" if you have two or three eligible children, or enter "2" if you have four or more.
  - H Add lines A through G and enter total here. Note: This amount may be different from the number of exemptions you claim on your return. ►
- For accuracy, complete all worksheets that apply.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
  - If you are single, have more than one job, and your combined earnings from all jobs exceed \$32,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
  - If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top part for your records.

Form W-4  
Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Allowance Certificate

OMB No. 1545-0010

1998

► For Privacy Act and Paperwork Reduction Act Notice, see page 2.

1 Type or print your first name and middle initial <b>LEEGAN W</b>	2 Last name <b>ROBERTS</b>	3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.
4 Home address (number and street or rural route) <b>P.O. Box 75 600 E 2nd</b>	5 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <b>✓</b>	6 Your social security number <b>[REDACTED]</b>
6 City or town, state, and ZIP code <b>Los Angeles CA 90024</b>	7 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) <b>5</b>	
8 Additional amount, if any, you want withheld from each paycheck <b>6</b>	9 If you expect a refund of all Federal income tax withheld because you expect to have NO tax liability, enter "EXEMPT" here <b>EXEMPT</b>	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.		

Employee's signature: *Leegan Roberts*

Date: **1/16/01**

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Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)

9 Office code (optional)  
10 Employer identification number

DEF 0197

Form W-4 (1998)

Page 2

**Deductions and Adjustments Worksheet****Note:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1998 tax return.

- 1 Enter an estimate of your 1998 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1998, you may have to reduce your itemized deductions if your income is over \$124,500 (\$62,250 if married filing separately). Get Pub. 919 for details.) 1. \$ \_\_\_\_\_
- 2 Enter: 



 2. \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0. 3. \$ \_\_\_\_\_
- 4 Enter an estimate of your 1998 adjustments to income, including alimony, deductible IRA contributions, and education loan interest. 4. \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. 5. \$ \_\_\_\_\_
- 6 Enter an estimate of your 1998 nonwage income (such as dividends or interest). 6. \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. Enter the result, but not less than -0. 7. \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$2,500 and enter the result here. Drop any fraction. 8. \$ \_\_\_\_\_
- 9 Enter the number from Personal Allowances Worksheet, line H, on page 1. 9. \$ \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here, and enter this total on Form W-4, line 5, on page 1. 10. \$ \_\_\_\_\_

**Two-Earner/Two-Job Worksheet****Note:** Use this worksheet only if the instructions for line H on page 1 direct you here.

- 1 Enter the number from line H on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet). 1. \_\_\_\_\_
- 2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. 2. \_\_\_\_\_
- 3 If line 1 is GREATER THAN OR EQUAL TO line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0) and on Form W-4, line 5, on page 1. DO NOT use the rest of this worksheet. 3. \_\_\_\_\_

**Note:** If line 1 is LESS THAN line 2, enter -0 on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet. 4. \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet. 5. \_\_\_\_\_
- 6 Subtract line 5 from line 4. 6. \_\_\_\_\_
- 7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here. 7. \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed. 8. \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 1998. (For example, divide by 26 if you are paid every other week and you complete this form in December 1997.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck. 9. \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
0 - \$4,000	0	\$8,001 - \$38,000	8	0 - \$5,000	0	\$70,001 - \$75,000	6
4,001 - 7,000	1	43,001 - 54,000	9	5,001 - 11,000	1	85,001 - 108,000	8
7,001 - 12,000	2	54,001 - 62,000	10	11,001 - 18,000	2	100,001 and over	10
12,001 - 18,000	3	62,001 - 70,000	11	18,001 - 21,000	3		
18,001 - 24,000	4	70,001 - 86,000	12	21,001 - 25,000	4		
24,001 - 28,000	5	85,001 - 100,000	13	25,001 - 42,000	5		
28,001 - 35,000	6	100,001 - 110,000	14	42,001 - 55,000	6		
35,001 - 38,000	7	110,001 and over	15	55,001 - 70,000	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
0 - \$50,000	\$400	0 - \$30,000	\$400
50,001 - 100,000	760	30,001 - 60,000	760
100,001 - 130,000	840	60,001 - 120,000	840
130,001 - 240,000	970	120,001 - 256,000	970
240,001 and over	1,070	256,001 and over	1,070

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 6012(b)(1)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to other Federal and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form is subject to a one-time GOM control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 10 minutes (40 min. Learning about the use of the form 10 min., preparing the form 1 hr., 10 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Form Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001, or you can fax the form to this address: (916) 734-2500. Please do not mail to this address. Instead, give it to your supervisor.